

**DECLARATION AND POWER OF ATTORNEY FOR PATENT
APPLICATION**

Attorney Docket No.: **00-P-24787**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **PREPAID HEALTH CARE SYSTEM AND METHODS OF PROVIDING THE SAME**, the specification of which:

(check one)

_____ is attached hereto

X was filed on January 31, 2001

as Application Serial No. 09/774,393

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulation, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the of the application on which priority is claimed:

Prior Foreign Application(s) Priority Claimed

<u> </u>	<u> </u>	<u> </u>	[]	[]
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
<u> </u>	<u> </u>	<u> </u>	[]	[]
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
<u> </u>	<u> </u>	<u> </u>	[]	[]
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, 120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u> </u>	<u> </u>	<u> </u>
(Appln Serial No.)	(Filing Date)	(Status)
(patented, pending, aban.)		
<u> </u>	<u> </u>	<u> </u>
(Appln Serial No.)	(Filing Date)	(Status)
(patented, pending, aban.)		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

English Language Declaration

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: **Jeffrey S. Whittle**, Reg. No. 36,382; **Christopher F. Regan**, Reg. No. 34,906; **Herbert L. Allen**, Reg. No. 25,322; **David L. Sigalow**, Reg. No. 36,006; **Richard K. Warther**, Reg. No. 32,180; **Michael W. Taylor**, Reg. No. 43,182; **Henry Estevez**, Reg. No. 37,823; **Paul J. Ditmyer**, Reg. No. 40,455; **John F. Woodson, II**, Reg. No. 45,236; **Charles E. Wands**, Reg. No. 25,649; **Carl M. Napolitano**, Reg. No. 37,405; **Jacqueline E. Hartt**, Reg. No. 37,845; and **Mark R. Malek**, Reg. No. 46,894.

Send Correspondence to:

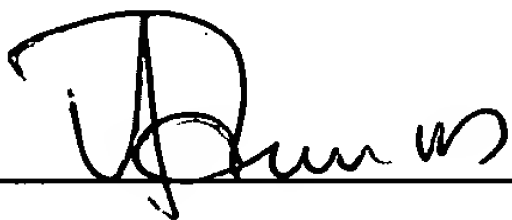
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P.O. Box 3791
Orlando, Florida 32802-3791

Direct Telephone Calls to:

Jeffrey S. Whittle
(407) 841-2330

Full name of (first) inventor: **Joseph L. Torres**

Inventor's
Signature: _____



Date: 4/24/01


Residence: **Kissimmee, FL**

Citizenship: **Citizen of United States**

Post Office Address: **1571 Grandview Blvd.**
Kissimmee, FL 34744

Full name of second inventor: **Rafael Jiminez**

Inventor's

Signature: 

Date: 4/26/07

Residence: **Kissimmee, FL**

Citizenship: **Citizen of United States**

Post Office Address: **1621 Grandview Blvd.
Kissimmee, FL 34744**



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant or Patentee: Dr. Joseph L. Torres

Serial or Patent No.: 09/774,393

Attorney's Docket No.: 24787

Filed or Issued: Filed: January 31, 2001

For: Prepaid Health Care System and Methods of Providing the Same

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled: PREPAID HEALTH CARE SYSTEM AND METHODS OF PROVIDING THE SAME described in

- () the specification filed herewith
(X) application serial no. 09/774,393 filed January 31, 2001
() patent no. _____ issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- (X) no such person, concern, or organization
() persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME Joseph Torres

ADDRESS 1571 Grandview Blvd., Kissimmee, FL 34744

(X) INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and

that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Joseph Torres

DATE

4/26/01



SIGNATURE OF INVENTOR



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant or Patentee: Dr. Rafael Jiminez

Serial or Patent No.: 09/774,393

Attorney's Docket No.: 24787

Filed or Issued: Filed: January 31, 2001

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Each person, concern, or organization to which I have assigned, granted, conveyed or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

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Rafael Jimenez


SIGNATURE OF INVENTOR

4/26/07
DATE